

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/547193

8/29/75

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 ST AMENDMENT		2 ND AMENDMENT			1 ST AMENDMENT		2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1					51					
2					52					
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45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.		2			TOTAL IND.					
TOTAL DEP.		5			TOTAL DEP.					
TOTAL CLAIMS		7			TOTAL CLAIMS					

PTO-1360 (REV. 1/64)

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